PTO/SB/08 (12-04)
Approved for use through 7/31/2008. OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I (Column 1). OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE (37 CFR 1.16(a), (b), or (c)) FEE (\$) RATE (\$) RATE (\$) FEE (\$) SEARCH FEE **000** (37 CFR 1.16(d), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(a), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(i)) Ś INDEPENDENT CLAIMS OR (37 CFR 1.18(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) fil the difference in column 1 is less than zero, enter "0" in column 2. TOTAL ዕ ଝ TOTAL. APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PREVIOUSLY RATE (\$) ADDI-AFTER RATE (\$) **EXTRA** TIONAL FEE (\$) MENDMENT PAID FOR TIONAL Total (37 CFR 1.160)) Minus 20 FEE (\$) . : 200 (37 CFR 1.1600) OR Application Size Fee (37 CFR 1,16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.190) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ܣ REMAINING NUMBER PREVIOUSLY PRESENT RATE (\$) ADDI-AFTER RATE (\$) EXTRA ADDI-TIONAL PAID FOR TIONAL Total pr CFR 1.16(7) FEE (\$) Minus FEE (\$) ENDE independent (27 OFR 1.16(N)) OR Minus Application Size Fee (37 CFR 1.16(s)) OR × FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(1)) OR 34 TOTAL OR ADD'L FEE

** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to fife (and by the linduding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includual case. Any comments, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.